

503122 \$20

(Official Form 1) (12/03)

| FORM B1 United States Bankruptcy Court Northern District of Illinois | | Voluntary Petition |
|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): <u>Johnson, Hereford</u> | Name of Joint Debtor (Spouse) (Last, First, Middle): <u>Johnson, Pamela</u> | |
| All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <u>None</u> | All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): <u>Pamela Adams</u> | |
| Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <u>1570</u> | Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <u>3550</u> | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): <u>1410 Fitzer Drive</u> <u>Joliet Illinois 60431</u> | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <u>1410 Fitzer Drive</u> <u>Joliet Illinois 60431</u> | |
| County of Residence or of the Principal Place of Business: <u>Will County</u> | County of Residence or of the Principal Place of Business: <u>Will County</u> | |
| Mailing Address of Debtor (if different from street address): <u>Same</u> | Mailing Address of Joint Debtor (if different from street address): <u>Same</u> | |
| Location of Principal Assets of Business Debtor (if different from street address above): <u>Not Applicable</u> | | |
| Information Regarding the Debtor (Check the Applicable Boxes) | | |
| Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. | | |
| Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other <u>Joint (husband/wife)</u> <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank | | Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 |
| Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business | | Filing Fee (Check one box) <input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed declaration for the court's consideration certifying that the debtor will pay fee except in installments. |
| Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional) | | |
| Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expense, there be no funds available for distribution to unsecured creditors. | | |
| Estimated Number of Creditors 1-15 <input checked="" type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000 or more <input type="checkbox"/> | | |
| Estimated Assets \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50 million or more <input type="checkbox"/> | | |
| Estimated Debts \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50 million or more <input type="checkbox"/> | | |

U.S. Bankruptcy Court
Northern District of Illinois
Filed: 10/03/2005
Time: 10:46:18
Debtor: HEREFORD JOHNSON
Case: 05-42865
Chapter: 13 Rec. # Fee: 20
Judge: Bruce Black
341 mtg: 11/23/2005 @ 09:30AM
ConfHrg: 12/09/2005 @ 11:00AM
Trustee: GLENN STEARNS
1:05BK42865-BK001

(Official Form 1)(12/03)

FORMB1, Page 2

| | | | |
|--|--|--|---------------------------------|
| Voluntary Petition (This page must be completed and filed in every case) | | Name of Debtor(s): <u>Hereford and Pamela Johnson</u> | |
| Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet) | | | |
| Location Where Filed: <u>Will County</u> | | Case Number: <u>00B13067</u> | Date Filed: <u>2000/4/29</u> |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: | | Case Number: | Date Filed: |
| District: | | Relationship: | Judge: |

| | | | |
|--|--|---|--|
| Signatures | | Exhibit A | |
| <p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> <u>Hereford Johnson</u> Signature of Debtor</p> <p><u>X</u> <u>[Signature]</u> Signature of Joint Debtor</p> <p><u>(815) 436-3117</u> Telephone Number (If not represented by attorney)</p> <p><u>9/1/05</u> Date</p> | | <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> | |
| <p style="text-align: center; font-weight: bold;">Signature of Attorney</p> <p><u>X</u> _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> | | <p style="text-align: center; font-weight: bold;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p><u>X</u> _____ Signature of Attorney for Debtor(s) Date</p> | |
| <p style="text-align: center; font-weight: bold;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p> | | <p style="text-align: center; font-weight: bold;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input type="checkbox"/> No</p> | |
| <p style="text-align: center; font-weight: bold;">Signature of Non-Attorney Petition Preparer</p> <p>I certify that I am a bankruptcy petition preparer as defined in 11U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>_____ Printed Name of Bankruptcy Petition Preparer</p> <p>_____ Social Security Number</p> <p>_____ Address</p> <p>_____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><u>X</u> _____ Signature of Bankruptcy Petition Preparer</p> <p>_____ Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</p> | | | |

FORM B6D
(6/90)

In re Hereford & Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|------------------------------------|--|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO. <u>CHASE Ultimate Mortgage</u> | | <u>J</u> | <u>Mortgage on 1001 Park Drive, Suite 100, Dallas, TX 75201</u> VALUE \$ <u>242,000</u> | | | | <u>242,000</u> | |
| ACCOUNT NO. <u>1307314</u> <u>Capital One</u> <u>P.O. Box 260848</u> <u>Plano TX 75026</u> | | | <u>Automobile Balance</u> <u>2002 Dodge Caravan</u> <u>Trade in value</u> VALUE \$ <u>6000.00</u> | | | | <u>17,304.53</u> | <u>11,304.53</u> |
| ACCOUNT NO. <u>0046297370</u> <u>Toyota</u> <u>P.O. Box 8026</u> <u>Cedar Rapids IA 54208</u> | | | <u>Automobile Balance</u> <u>2004 Ford Taurus</u> <u>Trade in value</u> VALUE \$ <u>4895</u> | | | | <u>17,000</u> | <u>12,105</u> |
| ACCOUNT NO. | | | VALUE \$ | | | | | |

continuation sheets attached

Subtotal
(Total of this page)
Total
(Use only on last page)

\$ 3430453
\$ 34,30453

(Report total also on Summary of Schedules)

FORM B6F (Official Form 6F) (9/97)

In re Hereford's Pamela Johnson
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|------------------------------------|--|------------|--------------|----------|---------------------------|
| ACCOUNT NO. <u>376 8509</u> Central Dup Hospital Dept 4698 Carol Stream IL 60122 | | W | MEDICAL Bill (Surgery) DOS 7/26-7/29/04 MEDICAL Bill (Surgery) DOS 1127-1128 Acct# 4001025 | | | | \$360.00 \$ 100.00 |
| ACCOUNT NO. _____ Corn ED P.O Box 87522 Chicago IL 60680 | | J | Electric | | | | \$ 459.05 |
| ACCOUNT NO. E029676491 Edward Hospital 801 S Washington Naperville IL 60540 Attn: Patient Accts | | W | E029676491 MEDICAL Bill DOS 2/26/04 | | | | \$ 100 |
| ACCOUNT NO. E030641153 801 S Washington Naperville IL 60540 Attn: Patient Accts | | | MEDICAL Bill DOS 6/1/04 | | | | 75.00 |

____ continuation sheets attached

Subtotal ▶ \$ 1094.05

Total ▶ \$ 1094.05
(Report also on Summary of Schedules)

FORM B6F (Official Form 6F) (9/97)

In re Worford; Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODE DEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|-------------|------------------------------------|---|------------|--------------|----------|-----------------|
| ACCOUNT NO. 433253550 ELMC Group P.O. Box 8809 Suite 200 7325 Beaufont Springs Dr. Richmond, VA 23225-0509 | | W | STUDENT loan 1981 | | | ✓ | 24,121.41 |
| ACCOUNT NO. 6230701416 Micor P.O. Box 2020 Aurora 211 60507-2020 | | J | Gas Utility | | | | 385.00 |
| ACCOUNT NO. 6062183152 Sprint P.O. Box 6419 Carol Stream IL 60197 | | | Telephone | | | | 2100.00 |
| ACCOUNT NO. 6306971973 Sprint PC P.O. Box 7086 London KY 40742 | | | Telephone cell | | | | 690.00 |

____ continuation sheets attached

Subtotal ▶ \$ 25,596.41
Total ▶ \$ 25,596.41
(Report also on Summary of Schedules)

FORM B6F (Official Form 6F) (9/97)

In re Hereford i Pamela Johnson
Debtor

Case No. _____
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|------------------------------------|---|------------|--------------|----------|-----------------|
| ACCOUNT NO. E031044499 Edward Hospital 801 S Washington Naperville Illinois 60540 Attn: Patient Account | | W | MEDICAL Bill DOS 7/31/04 - 8/4/04 | | | | \$ 300.00 |
| ACCOUNT NO. E031302847 Edward Hospital 801 S Washington Naperville Illinois 60540 Attn: Patient Account | | W | MEDICAL Bill DOS 8/30/04 | | | | \$ 50.00 |
| ACCOUNT NO. E032614133 Edward Hospital 801 S Washington Naperville Ill 60540 Attn: Patient Account | | W | MEDICAL Bill 1/24/05 | | | | \$ 50.00 |
| ACCOUNT NO. CH16025 S & S Lending P.O. 1121 South military Trail Deerfield Beach FL 33402 | | S | ADVERTISING LOAN # 303 | | | | \$ 537.85 |
| Subtotal | | | | | | | \$ 1937.85 |
| Total | | | | | | | \$ 1937.85 |

continuation sheets attached

(Report also on Summary of Schedules)